Division of Health Care Facilities

PRINTED: 06/06/2013 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
					······································			
TN1929				B. WING		R 05/30/2013		
l			DRESS, CITY, STATE, ZIP CODE					
GOODLET					CKERSON RD TTSVILLE, TN 37072			
(X4) ID	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL.		ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5) COMPLETE		
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROLEMENCY)	PPROPRIATE DATE			
N 848	N 848 1200-8-608 (18) Building Standards			N 848	Corrective Action:			
	(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall				Facility installed a new fire			
					rated door between clean			
	be maintained in the soiled utility area, toilet			and soiled laundry rooms in			Į	
<b>!</b>	room, janitor 's closet, dishwashing and other				order to ensure the negative pressure is			
	such soiled spaces, and a positive air pressure				maintained between the clean laundry room and the soiled laundry room.		ļ	
	shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean							
	utility rooms.			Installation completed or				
					4/26/13 2) Maintenance Director			
]			ĺ		2) Maintenance Director cleaned exhaust fan			
[	This Rule is not met as evidenced by:			where it was clogged up.				
Based on observation and testing, it was			Maintenance Director redirected air flow to					
i	determined the facility failed to maintain the				ensure the negative			
	negative pressure.				pressure is maintained between the clean			
ļ	The finding included:				between the clean laundry room. 5/31/13	ŀ		
	_		j		<ol><li>Laundry department staff</li></ol>			
	Observation and testing of the laundry on 5/30/13 at 9:00 AM, revealed positive air pressure in the dirty laundry.			was in-serviced by Administrator 6/14/13 regarding Life Safety Code K067; keeping the laundry door closed between the				
							Į	
						1		
	This finding was verified by the maintenance director and acknowledged by the administrate during the exit conference on 5/30/13.		псе	clean laundry and soiled				
İ			strator		laundry room to maintain			
İ	dering the exit come	rence on 5/30/13.		-	negative air flow pressure. 4) Maintenance Director will	į	1	
					create and maintain a		ľ	
İ			1		daily monitor log and ensure the door between			
					the soiled laundry room		ĺ	
			j	į	and the clean laundry			
			Ī		room maintains a negative pressure. The		1	
				negative pressure log will	1	ľ		
				be reviewed quarterly through the quality	.			
				through the quality assurance program to				
				ensure the deficient		•		
				practice does not recur. Completion Date: 6/14/13		İ		
vision of Health Care Facilities								

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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